PUBLICATIONS ORDER FORM

MAIL ORDER FORM TO:

Department of Health Services
Office of Health Information and Research
Vital Statistics Section

Attn: Lynne Russio 304 S Street, 3rd Floor Sacramento, CA 95814

Phone #: (916) 445-6355 Fax #: (916) 324-5599

Title	Number of Copies	Cost Per Copy	Total Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Enclosed	\$		

Payment <u>must</u> accompany order. Please do not send cash. Please make your **check or money order** payable to the "**DEPARTMENT OF HEALTH SERVICES.**"

PLEASE MAIL THE ABOVE PUBLICATIONS TO:

Name:			
Agency:			
Agency: Address:			
City & State:			
Zip Code:			
Telephone:			
E-Mail			